

EMT-I SKILLS COMPETENCIES VERIFICATION FORM

Office of State Fire Marshal

JULY 2005

State Fire Training

EMSA – SCV (07/03) Rev 03/05 SFT

Box 944246, Sacramento, CA 94244-2460

1a. Name as shown on EMT-I Certificate:	1b. Certificate Number:	1c. Signature:
1d. Certifying Authority: OSFM/State Fire Training	1e. Date:	I certify, under the penalty of perjury, that the information contained on this form is accurate.
Skill	Verification of Competency	
1. PATIENT EXAMINATION, TRAUMA PATIENT Skill #1: Patient Assessment/Management - Trauma	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
2. PATIENT EXAMINATION, MEDICAL PATIENT Skill #2: Patient Assessment/Management - Medical	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
3. AIRWAY EMERGENCIES Skill #3: Upper Airway Adjuncts and Suction	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
4. BREATHING EMERGENCIES Skill #4: Bag-Valve-Mask Apneic Patient Skill #5: Supplemental Oxygen Administration Skill #6: Mouth-to-Mask with Supplemental Oxygen	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
5. AUTOMATED EXTERNAL DEFIBRILLATION Skill #7: Cardiac Arrest Management/AED	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
6. CIRCULATION EMERGENCIES Skill #8: Bleeding Control/Shock Management	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
7. NEUROLOGICAL EMERGENCIES Skill #9: Spinal Immobilization Supine Patient Skill #10: Spinal Immobilization Seated Patient	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
8. SOFT TISSUE INJURY Skill #11: Unattached Avulsion or Amputation	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
9. MUSCULOSKELETAL INJURY Skill #12: Long Bone Immobilization Skill #13: Joint Dislocation Injury Skill #14: Traction Splinting	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:
10. OBSTETRICAL EMERGENCIES Skill #15: Prehospital Childbirth (California Requirement)	Affiliation:	Date:
Signature of Person Verifying Competency:	Print Name:	Certification/License #:

BASIC CLASSES: All 15 skills must be successfully completed during a final skills examination proctored by the EMT-I Primary Instructor.
REFRESHER CLASSES: All 10 skill categories must be verified by a qualified person during actual or simulated conditions.

Original: Keep for Your Records

Copy 2: Submit with Application

Copy 3: Instructor's Copy

INSTRUCTIONS FOR COMPLETION OF EMT-I SKILLS COMPETENCY VERIFICATION FORM

A completed EMT-I Skills Verification Form is required to accompany an EMT-I recertification application for those individuals who are either maintaining EMT-I certification without a lapse or to renew EMT-I certification with a lapse in certification less than one year.

SECTION	ACTION
1a. Name of Certificate Holder	Provide the complete name, last name first, of the EMT-I certificate holder who is demonstrating skills competency
1b. Certificate Number	Provide the EMT-I certificate number from the current or lapsed EMT-I certificate of the EMT-I certificate holder who is demonstrating competency.
1c. Signature	Signature of the EMT-I certificate holder who is demonstrating competency. By signing this section the EMT-I certificate holder has demonstrated competency in the skills listed to a qualified individual.
1d. Certifying Authority	Provide the name of the EMT-I certifying authority for which the individual will be certifying through.
1e. Date	Enter the date of submission.
VERIFICATION OF COMPETENCY	
Skill	Lists the California skill area to be verified. Also identifies the qualifying National Registry skill where appropriate.
Signature	<p>Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e., skills station, the individual verifying competency shall sign the EMT-I Skills Competency Verification Form (EMSA-SCV 07/03) for that skill.</p> <p>Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT-I, EMT-II, Paramedic, Registered Nurse, Physician Assistant, or Physician and shall be either a qualified individual designated by an EMS service provider. EMS service providers include, but are not limited to, public safety agencies, private ambulance providers, and other EMS providers.</p>
Affiliation	Provide the name of the training program or EMS service provider that the qualified individual who is verifying competency is affiliated with.
Print Name	Print the name of the individual verifying competency in the skill.
Date	Enter the date that the individual demonstrates competency in each skill.
Certification or License Number	Provide the certification or license number for the individual verifying competency.